

the right (?) of all to receive medical care of equal quality, regardless of the ability to pay for such care. This makes no more sense than to propose all children need a quality diet and, therefore, have the public trough provide steak and eggs for all.

If we believe in the American system, we should extend charity to those in need and not ask the state to foot the bill. We should, indeed, "throw the baby out with the bath water," if this means non-participation in a system that invites fraud, deception and outright dishonesty.

FRED L. GREER, M.D.
Whittier, California

Student Loan Fund

To the Editor: Enclosed [following] is a letter in reply to an inquiry regarding the status of the [American Medical Association] student loan fund, of which I have felt, and continue to feel has been an excellent program for physician contribution. In this way an unmet need has been completed.

The tenor of the reply indicates the nature of the inquiry and I thought the reply a most interesting one and an excellent record of both help and recovery. I am forwarding a copy of the letter to you, insofar as you might like to insert this as an item of interest in CALIFORNIA MEDICINE to fur-

ther encourage contributions by California physicians. I thank you in advance for your courtesy.

ROBERT L. GARRETT, M.D.
Vallejo, California

DEAR DOCTOR GARRETT:

Your letter to Doctor Blasingame dated March 27 in re the Student Loan Guarantee Program has been referred to me for answering. We appreciate your inquiry, and I am glad to provide you information about the status of pay out of loans.

The October 25, 1967 Report to the Board of Directors of AMA-ERF showed that we had 25,189 open interim notes, that is, active loans by medical students, interns and residents which were not yet in pay out status. At that time, we had 3,729 notes that were in pay out status. Of this number, 144 were delinquent.

32 deaths	17 military
38 slow payment	7 health
20 drop outs	12 other
18 bankruptcies	

On a gross figure basis, this would indicate under 4% of borrowers, who were in pay out status, were delinquent. However, recovery from estates in the case of death, eventual payment by those who are slow payers or drop outs, anticipated repayment by those in military, show us in a position where we will have a very small net loss.

I think you will see by this that our experience in the program has been and continues to be very good.

RICHARD M. NELSON
*Director, Program Development
American Medical Association*

THUMB OPHTHALMODYNAMOMETRY

"You always carry an ophthalmoscope, but you don't always carry an ophthalmodynamometer. If you are doing ophthalmoscopy in patients with fairly severe disease, just press in a bit with the thumb holding up the upper lid. If you see that artery begin to wink at you, you had better suspect that you will have a low ophthalmodynamometer reading."

—DAVID L. KNOX, M.D., Baltimore
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